Section 3: ALL ETCS MUST COMPLETE SECTION 3 – De-enroll percentage What is the percentage of subscribers de-enrolled for this ETC?

Is the ETC Pre-Paid?

November December

M	N	0	P = N + O	Q = ((P + M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497	Number of Subscribers De- Enrolled or Scheduled to be De- Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De- Enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility (From Column K)	Total Number of Subscribers De-Enrolled or Scheduled to be De-E nrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
5,027	84	0	84	1.67

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

No (A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)

below.

record the number of subscribers de-enrolled for non-usage by month in colum Usage Results Applicable to Pre-Paid ETCs:				
R	S			
Month	Subscribers De-Enrolled for Non-Usag			
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.